

§ 8.430.3.A(2)(b)(i): APPLICANT INFORMATION.

The Applicant requesting approval for the new nursing facility is summarized below:

Applicant: ManorCare Health Services, LLC.

Address: 333 North Summit Street
Toledo, Ohio 43604

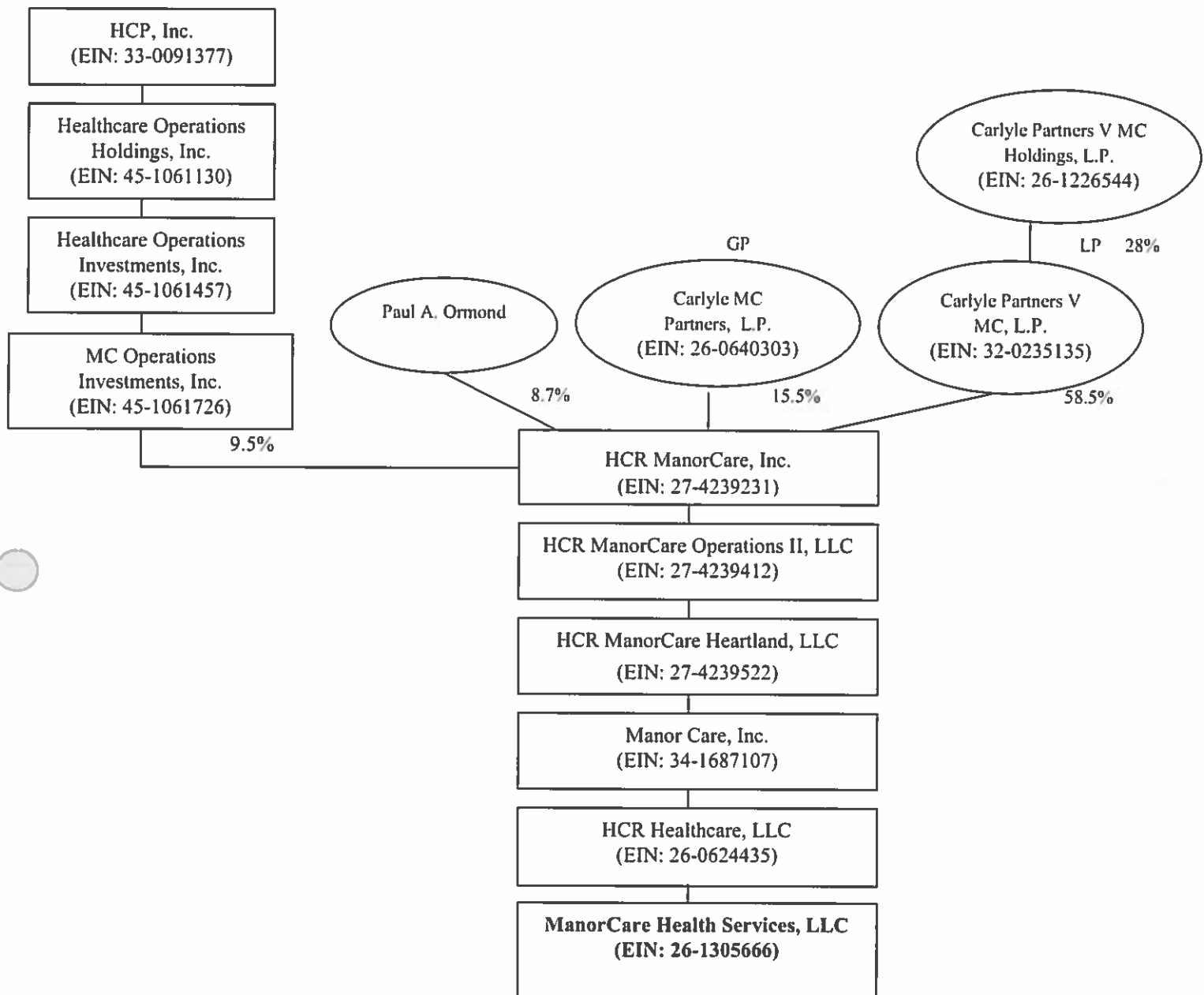
Phone: (419) 252-5500

Contact: Lisa Rosenthal, Director of Health Planning
HCR ManorCare
7361 Calhoun Place, Suite 300
Rockville, Maryland 20855
(240) 453-8569
lrosenthal@hcr-manorcare.com

The Exhibits on the following pages include the Corporate Organization Chart that identifies 5% ownership structure, the Director/Officer list for the Applicant, Authorization to Conduct Business in Colorado, and Certificate of Formation in Delaware.

As identified in Exhibit A, ManorCare Health Services, LLC is a subsidiary organization of HCR ManorCare, Inc., a national provider of post-acute services, including over 300 post-acute care nursing facilities and assisted living facilities in 30 states including in Colorado.

ManorCare Health Services, LLC - 5% Ownership Structure



Except as indicated, each entity is owned 100% by the entity listed above it.

Business addresses: (a) Carlyle Partners partnerships – 1001 Pennsylvania Avenue, NW, Suite 220, Washington DC, 20004, Phone number: 202-729-5626; (b) HCP entities – 3760 Kilroy Airport Way, Suite 300, Long Beach, CA 90806, Phone number: 562-733-5100; and (c) HCR ManorCare entities and Paul A. Ormond – 333 N. Summit St., Toledo, OH 43604, Phone number: 419-252-5500.

Report Name : Management Structure

Filtered By : —

Exported By : Tricia McCormick

Exported On : 01/28/2014

Entity Name: ManorCare Health Services, LLC

Name	Title	Title Role	Role Start	Last Elected	Comments
Allen, Martin David	Director, President	Director	09/30/2012	12/31/2013	--
Godla, Larry R.	Vice President	Officer	08/17/2007	12/31/2013	--
Hoops, Kathryn Sue	Vice President	Officer	08/17/2007	12/31/2013	Added Secretary role on 7-2-2012; took it away 9-30-12.
Kaczor, Elizabeth M.	Vice President	Officer	09/30/2012	12/31/2013	--
Kight, Daniel Hill	Treasurer	Officer	09/30/2012	12/31/2013	--
Kile, Thomas R.	Assistant Treasurer	Officer	08/17/2007	12/31/2013	--
Lazarus, Barry A.	Vice President	Officer	08/17/2007	12/31/2013	--
McCormick, Patricia A.	Secretary	Officer	09/30/2012	12/31/2013	--

Document must be filed electronically.
Paper documents are not accepted.
Fees & forms are subject to change.
For more information or to print copies
of filed documents, visit www.sos.state.co.us.

E-Filed

Colorado Secretary of State
Date and Time: 07/18/2013 02:41 PM
ID Number: 20131412236
Document number: 20131412236
Amount Paid: \$100.00

ABOVE SPACE FOR OFFICE USE ONLY

Statement of Foreign Entity Authority
filed pursuant to § 7-90-803 of the Colorado Revised Statutes (C.R.S.)

1. The entity ID number, the entity name, and the true name, if different, are

Entity ID number 20131412236
(Colorado Secretary of State ID number)
Entity name ManorCare Health Services, LLC
True name _____
(if different from the entity name)

2. The form of entity and the jurisdiction under the law of which the entity is formed are

Form of entity Foreign Limited Liability Company
Jurisdiction Delaware

3. The principal office address of the entity's principal office is

Street address 333 N. Summit Street
(Street number and name)
16th Floor
Toledo OH 43537
(City) (State) (ZIP/Postal Code)
United States
(Province - if applicable) (Country)

Mailing address
(leave blank if same as street address) _____
(Street number and name or Post Office Box information)

(City) (State) (ZIP/Postal Code)

(Province - if applicable) (Country)

4. The registered agent name and registered agent address of the entity's registered agent are

Name
(if an individual) _____
(Last) (First) (Middle) (Suffix)
or

(if an entity) The Corporation Company
(Caution: Do not provide both an individual and an entity name.)

Street address

1675 Broadway

(Street number and name)

Suite #1200

Denver

(City)

CO

(State)

80202

(ZIP Code)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

CO

(State)

(ZIP Code)

(The following statement is adopted by marking the box.)

- ☒ The person appointed as registered agent above has consented to being so appointed.

5. The date the entity commenced or expects to commence transacting business or conducting activities in Colorado is 07/21/2013.

(mm/dd/yyyy)

6. (If applicable, adopt the following statement by marking the box and include an attachment.)

- ☐ This document contains additional information as provided by law.

7. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are _____.

(mm/dd/yyyy hour:minute am/pm)

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is named in the document as one who has caused it to be delivered.

8. The true name and mailing address of the individual causing the document to be delivered for filing are

McCormick

(Last)

Patricia

(First)

A.

(Middle)

(Suffix)

333 N. Summit Street

(Street number and name or Post Office Box information)

16th Floor

Toledo

(City)

OH

(State)

43604

(ZIP/Postal Code)

United States.

(Province - if applicable)

(Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

- ☐ This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

Disclaimer:

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "MANORCARE HEALTH SERVICES, LLC", FILED IN THIS OFFICE ON THE SEVENTEENTH DAY OF AUGUST, A.D. 2007, AT 4:22 O'CLOCK P.M.

4409603 8100

070934664



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5937245

DATE: 08-20-07

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:22 PM 08/17/2007
FILED 04:22 PM 08/17/2007
SRV 070934664 - 4409603 FILE

**CERTIFICATE OF FORMATION
OF
ManorCare Health Services, LLC**

The Certificate of Formation of ManorCare Health Services, LLC (the "L.L.C."), dated August 17, 2007, is being duly executed and filed by Carmen R. Daft, as an authorized person, to form a limited liability company under the Delaware Limited Liability Company Act (6 Del.C § 18-201, et seq.)

FIRST. The name of the limited liability company formed hereby is ManorCare Health Services, LLC.

SECOND. The address of the registered office of the L.L.C. in the State of Delaware is 1209 Orange Street, in the City of Wilmington, Delaware 19801.

THIRD. The name and address of the registered agent for service of process of the L.L.C. in the State of Delaware is The Corporation Trust Company, 1209 Orange Street, in the City of Wilmington, Delaware 19801.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation on this 17th day of August 2007.

Carmen R. Daft
Carmen R. Daft
Authorized Person